

MICHIGAN EDUCATIONAL ASSESSMENT PROGRAM

Fall 2011 Answer Document

Grade 6 Mathematics

Student Name: Formal first and last name of student-see the bar code label to make sure both match

Teacher Name: First initial and last name of teacher

School: Full name of school

District: Public school district name - PSAs leave blank

Research codes are optional - MEAP coordinators will provide directions if needed.

GRADE 6

School Use Only (Mark All That Apply)			
1 Research		2 Accommodations	3 Report Codes
I	II	Standard Accommodations	
(1)	(1)	ELL Students:	(A) Home Schooled
(2)	(2)	Assessment provided by	(B) Student Prohibited Behavior
(3)	(3)	<input type="radio"/> English Video	(C) Spanish
(4)	(4)	<input type="radio"/> Spanish Video	(D) Arabic
(5)	(5)	<input type="radio"/> Arabic Video	(E) Chaldean
(6)	(6)	<input type="radio"/> Reader Script	(F) Other Language
(7)	(7)	<input type="radio"/> Reading in Native Language	(G)
(8)	(8)	<input type="radio"/> Multiple-Day Testing	(H)
(9)	(9)	<input type="radio"/> Other _____	(I)
(10)	(10)	Students with disabilities:	(J)
		Assessment provided by	(K)
		<input type="radio"/> Braille	
		<input type="radio"/> Enlarged Print	
		<input type="radio"/> Audio	
		<input type="radio"/> Reader Script	
		<input type="radio"/> Multiple-Day Testing	
		<input type="radio"/> Other _____	
		<input type="radio"/> Nonstandard Accommodations	

School staff completes any applicable boxes in the School Use Only section.

4 Birth Date			
Month	Day	Year	
<input type="radio"/> Jan			
<input type="radio"/> Feb			
<input type="radio"/> Mar	0	0	0
<input type="radio"/> Apr	1	1	8
<input type="radio"/> May	2	2	9
<input type="radio"/> Jun	3	3	3
<input type="radio"/> Jul	4	4	4
<input type="radio"/> Aug	5	5	5
<input type="radio"/> Sep	6	6	6
<input type="radio"/> Oct	7	7	7
<input type="radio"/> Nov	8	8	8
<input type="radio"/> Dec	9	9	9

Use leading zeros for dates like the 7th of February = 07.



Class/Group Number must be four digits. Use leading zeros if necessary to ensure four digits.

5 Class/Group Number			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

6 Assessment Date			
Month	Day	Year	
<input type="radio"/> Oct			
<input type="radio"/> Nov			
	0	0	0
	1	1	2
	2	2	3
	3	3	4
	4	4	5
	5	5	6
	6	6	7
	7	7	8
	8	8	9

Assessment Date is the date the student actually takes this test.

7 Form	
(1)	
(2)	
(3)	
(4)	
(5)	
(88)	Braille
(99)	Emergency

Filling in the correct form number is important because it determines which School/Grade Header Sheet to use on top of the answer document. The School/Grade Header Sheet triggers the scoring key.

The bar code label is critical. Schools are charged \$10 per missing bar code to cover the cost of additional work needed to process the document.

Note: If no student information appears in Box 8, please use the OEAA secure site online process to print a barcode label to be applied in Box 8.

meapTM

Michigan Educational Assessment Program

PLEASE DO NOT WRITE IN THIS AREA

